.S. No. 300
EV. 10.48

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25911

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 4534 Registrar's No. 9

110
0
0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caledonia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caledonia 110 0
d. STREET ADDRESS (If rural, give location) 0 0

3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) Gale c. (Last) Grenia

4. DATE OF DEATH (Month) (Day) (Year) July 17 1949

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 3 1930
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR Months 7 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lavorer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Caledonia Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Grenia
13b. MOTHER'S MAIDEN NAME Grace Hull
14. NAME OF HUSBAND OR WIFE Norma Jean Grenia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Grace Grenia, Caledonia Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tbc

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1949, *to* July 17, 1949, *that I last saw the deceased alive on* July 10, 1949, *and that death occurred at* 8.20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. F. Cresswell, M.D.
23b. ADDRESS Potosi Mo.
23c. DATE SIGNED 7/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 7-19-49
24c. NAME OF CEMETERY OR CREMATORY Methodist
24d. LOCATION (City, town, or county) (State) Caledonia Mo

DATE REC'D BY LOCAL REG. 7-21-49
REGISTRAR'S SIGNATURE Ella S. White 336
25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo. ADDRESS Russell F. White

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-25-49

Health Officer No. 4

File Number 749-924

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Arcel J. White

Licensed Embalmer No. 3012

P. O. Address Fortuna Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.